



Missouri Pharmacy Program – Preferred Drug List



Lipotropics – Niacin Preparations

Effective 01/10/2013

Revised 01/08/2015

Preferred Agents

- Niaspan®
- Niacor®

Non-Preferred Agents

- Simcor®
- Niacin ER
- Advicor®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents <ul style="list-style-type: none">○ Documented trial period for preferred agents○ Documented ADE/ADR to preferred agents	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030